

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 156 V
Registered No. 216

1. PLACE OF BIRTH,

County Pima State _____

District or Township _____ or Village _____

City Miami No. 1016 Sullivan St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lerra B arela { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Aug-11-1920
Month Day Year

8. FATHER
Full name Joseph G. Barela

14. MOTHER
Full maiden name Rosa Garcia

9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 44 (Years)

16. Color or race Mexican 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Lavita
(State or country) Colo

18. Birthplace (city or place) Sicors
(State or country) Y Mex

13. Occupation Miner
Nature of industry _____

19. Occupation House wife
Nature of industry _____

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 8 (b) Born alive but now dead 2 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or _____) at 6:30 P. m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature]
(Physician or midwife)

Given name added from a supplemental report _____ Address _____

Month, day, year _____ Filed Aug 18, 1921 Registrar _____

621-811-971

N. S. - c of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.